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by a condition of irritation which seems to justify the expression, chronic periencephalitis, although the brain-coverings play only a secondary rôle. Obersteiner's views that the "spider cells" are formed from wandering leucocytes, are quoted, together with his description of the processes leading to fibre-atrophy. Healthy and diseased cells and fibres being seen side by side, the early symptoms do not constitute a paralysis, but a cortical ataxia, a motor intelligence-disturbance on the one hand, and on the psychic side mental failure due to defective association of ideas through greater or less affection of the association-fibres of the cortex. Further than that we can scarcely yet be said to know much about the relations of pathological conditions to abnormal mental manifestations in general paralysis, except so far as the final atrophy explains the intellectual and physical decay. Folsom's description of the prodromal stage of general paralysis has already been reviewed in this Journal (Vol. III. p. 557).

CUYLITS, *Surmenage et folie paralytique*, Bulletin de la Société de Médecine mentale de Belgique 1890 p. 271.

In this article the author attempts to make good his assertion that overwork, traumatism, the abuse of alcohol and tobacco produce no bad effect in a sane man. They may produce some form of mental alienation in a nervous hereditary subject; they may produce general paralysis when this hereditarily predisposed subject is syphilitic from birth or when he becomes so later. In assigning this specific origin to general paralysis he classes it with the diseases by intoxication of the same kind as the nervous accidents due to typhoid fever or diphtheria. The author urges that it is not easy to demonstrate by facts and arguments that overwork may of itself be able to cause general paralysis. He thinks that if a particular case is cited as a case of general paralysis from overwork that, unhappily for the demonstration, it would be difficult to establish the fact that he was not at the same time an hereditary subject, and on this account the observation would be without value. The contention of the author is that the normally endowed man cannot overwork, fatigue acting as a sort of safety valve, producing sleep in time to save the brain. If a man, apparently sound and healthy, with no sign of degeneration, overworks and becomes insane, he is *ipso facto* a degenerate, else he would not have broken down, and you have not looked deep enough for the signs of degeneration. Criticism is simply powerless before such an argument.

CHEVALIER, *La paralysie générale à l'asile de Dijon* (de 1843 à 1889), Thèse de Bordeaux 1889-1890 No. 52.

From a statistical study of the records of the Dijon Asylum, Chevalier concludes:

1. The number of general paralytics has risen during 30 years from 13% to 20% for the men, and from 5% to 7% for the women.
2. The proportion is four times greater among the men than among the women.
3. The number of married paralytics is double that of the unmarried.
4. The average age is 38 years for the men and 40 years for the women.
5. There were no paralytics under 21 years.
6. From 20 to 25 the proportion is 1-5%.
7. The laboring class furnished about 30% of the number of paralytics; the commercial and industrial classes 25%; the liberal professions 5% (Dijon is a public asylum).
8. Among 163 paralytics whose hereditary and personal antecedents were established, there were 1-5 with an alcoholic heredity; 1-5 with a congestive and insane heredity; 1-13 with a history of syphilis.

Comparing these numbers with those given in the thesis of Dr. Talon, who has given a report covering the same period of years for the Marseilles asylum, it is found that the number of women relative to the number of men is a little larger at Marseilles than at Dijon.

The average age at the time of entrance presents an inverse relation at Dijon and at Marseilles, where the figures are 45 years for men and 35 for women. The number for the professions was the same at Marseilles and at Dijon.

Chevalier's general conclusions contain nothing new, and are in accord with the ordinary views on the subject; his conclusions are if it has been shown that general paralysis occurs with increasing frequency in connection with the conditions of existence, from whence arises an over-exertion increasing from day to day, it still must be recognized that this progression is not so great as certain authors have affirmed. If it is well established that the maximum frequency of the appearance of general paralysis is between 35 and 45 years of age, as all alienists claim, it has been equally shown that general paralysis at the extreme limits of life is not an exception, and the limits of its appearance increase every day. With regard to the researches into etiological causes there were such complete *lacunæ* in certain cases and in others such obscurities, reticencies and false statements as to render any practical conclusions impossible.

BLACKBURN, *A study of nineteen cases of general paralysis of the insane*. Report of the Government Hospital for the Insane, Washington, 1891.

All the cases were males, fifteen white, four colored. With possibly one exception all were characteristic in symptoms and in the lesions found post mortem. The skull was thicker than the average in seven cases; it was noticeably dense in five; thinner than usual in five. Various degrees of asymmetry, usually very slight, were observed in at least twelve cases. The horizontal outlines of eighteen of the crania are shown in two plates. The dura mater was abnormally adherent to the bone in six cases; the inner surface showed evidences of internal pachymeningitis in six cases. The heaviest brain weighed 51½ ounces; the lightest weighed 34 ounces; the average weight was 43¾ ounces.

Marked changes in the pia and more or less shrinkage of the convolutions were found in nearly all the cases. The meningeal and atrophic changes were usually more decided in the frontal portions of the hemispheres. In thirteen cases the pia showed adhesion to the cortex; in the remainder the membranes were removed with even less difficulty than from the normal brain. The microscopical appearances were characteristic in nearly every case. As a rule the microscopical changes were of greatest intensity in sections from the fronto-parietal convexity, though occasionally the hippocampal regions showed the most decided changes.

In the majority of cases slight vascular and other changes were found in the cerebellum. The pons and medulla were diseased in all the well-marked cases. Slight sclerosis of the spinal cord was found in several cases. The report is accompanied by four excellent photographs of parietic brains.

FROELICH, *Deux fractures spontanées chez un paralytique générale*, Revue méd. de l'est, 1890, XXII. 561.

The author cites the opinion of J. Christian in the *Dictionnaire des sciences médicales* against the alleged exaggerated tendency to fractures in general paralytics, Christian not having seen a single fracture in five years in 307 paralytics. Also, Simon in his thesis *Des Fractures Spontanées*, 1886, asserts that spontaneous fractures are very rare in general